



*Patent fees are subject to annual revision.*

(\$)3,296.00

Application Number	Not Yet Known
Filing Date	December 22, 2000
First Named Inventor	Gary C. Starling
Examiner Name	Not Yet Known
Group Art Unit	Not Yet Known
Attorney Docket No.	DB13NP; 30436.43USU1

**FEE CALCULATION** (continued)

- ☒
- Check
- ☐
- Credit card
- ☐
- Money Order
- ☐
- Other

<b>SUBTOTAL (1)</b>	<b>(\$)</b>	<b>710.00</b>
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*\*\*or number previously paid, if greater. For Reissues, see above*

## Other fee (specify)


\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Gary C. Starling and Joshua N. Finger  
**Docket:** DB13NP; 30436.43USU1  
**Title:** NOVEL IMMUNOGLOBULIN SUPERFAMILY MEMBERS OF APEX-1, APEX-2 AND APEX-3 AND USES THEREOF

CERTIFICATE UNDER 37 CFR 1.10 'Express Mail' mailing label number EK623911681US Date of Deposit: December 22, 2000 I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231  By:  Name: Richelle Ann Domingo
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BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 84 pgs; 122 claims; Abstract 1 pg.  
The fee has been calculated as shown below in the "Claims as Filed" table.
- ☒ 21 sheets of formal drawings
- ☒ Verified statement to establish small entity status
- ☒ A check in the amount of \$548.00 to cover the Filing Fee
- ☒ Return postcard

**CLAIMS AS FILED**

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee								\$710.00
Total Claims								
122	-	20	=	102	x	18.00	=	\$1836.00
Independent Claims								
9	-	3	=	6	x	80.00	=	\$480.00
MULTIPLE DEPENDENT CLAIM FEE								\$270.00
TOTAL FILING FEE								\$3296.00

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0306. A duplicate of this sheet is enclosed.

**MANDEL & ADRIANO**

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By: 

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